

BOROUGH OF



COLCHESTER.

---

# ANNUAL REPORT

OF THE

## Medical Officer of Health

W. F. CORFIELD,

M.D., B.S., London; M.R.C.S., Eng.; L.R.C.P., Lond.;  
D.P.H., Cambridge;

*Medical Officer of Health; School Medical Officer;  
Medical Superintendent of the Isolation Hospital and Sanatorium;  
Tuberculosis Officer and Public Analyst;*

# 1925.



Colchester :

WILES & SON, TRINITY STREET.



BOROUGH OF



COLCHESTER.

BOROUGH AND PORT HEALTH COMMITTEE,  
1925-1926.

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*Chairman :*

ALDERMAN R. B. BEARD, J.P.

*Deputy-Chairman :*

COUNCILLOR P. A. SANDERS, O.B.E., J.P.

COUN. A. W. PIPER (*Mayor of Colchester*).

„ MRS. C. B. ALDERTON, J.P.

„ MRS. BENSUSAN-BUTT, M.D. COUN. F. BILLINGTON, J.P.

„ LT.-COL. R. A. COCKBURN, O.B.E. COUN. F. E. HAYDON.

„ DAME CATHERINE HUNT, D.B.E., J.P. „ T. W. WATTS.

MATERNITY AND CHILD WELFARE COMMITTEE.

The above Committee with

MRS. FELL and MRS. TOWNSEND.

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*Staff of the Public Health Department, 1925.*

*Medical Officer of Health, etc. :*

W. F. CORFIELD, M.D., B.S., D.P.H.

*Assistant Medical Officer of Health etc. :*

R. W. CUSHING, M.A. (Oxon.), M.B., B.Ch. (Oxon.).

*Sanitary Inspector :*

*Assistant Sanitary Inspector :*

A. FISHER, C.R.S.I., Cert. Meat Insp.

C. S. HUMPHREYS.

*Laboratory Assistant and Chief Clerk :*

R. D. SARGEANT.

*Clerk and Typist :*

MISS M. KITTLE.

*Junior Clerk :*

D. H. BAILEY.

*Health Nurses :*

MISS L. PEARSON, C.M.B.

MISS A. W. SASSE.

MISS E. SMITH, S.R.N., C.M.B.

*Disinfectors :*

G. T. HEWES.

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*Matron, Borough Isolation Hospital :*

MISS K. C. BRAIDWOOD, R.R.C.

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HEALTH OFFICES,

TRINITY STREET,

12th May, 1926.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour of presenting to you my Annual Report upon the Health and Sanitary Circumstances of the Borough for the year 1925.

This Report is larger than those of previous years, owing to the request of the Ministry of Health for a "Survey" Report. Some of it may appear unnecessary to those well acquainted with the Borough, but it should be remembered that certain information is definitely asked for by the Ministry with respect to matters that are already well known to the members of the Borough Council.

When calculating the various Mortality Rates, I was surprised to find that the General Death Rate for 1925 was the lowest on record. This was unexpected, as the Infantile Mortality Rate was not so low as usual and so did not reduce the General Rate as much as has been the case in recent years. The saving of life last year was therefore in the higher age periods.

Scarlet Fever continued to be unusually prevalent throughout the year, but the number of cases fell abruptly with the coming of 1926. There is a great deal yet to be discovered about the prevention of such epidemic diseases. The most hopeful method appears to be by increasing individual resisting power by inoculation after testing susceptibility by means of the Schick Test for Diphtheria and the Dick Test for Scarlet Fever. These tests have been used more extensively in America than in England and the reports upon them are favourable.

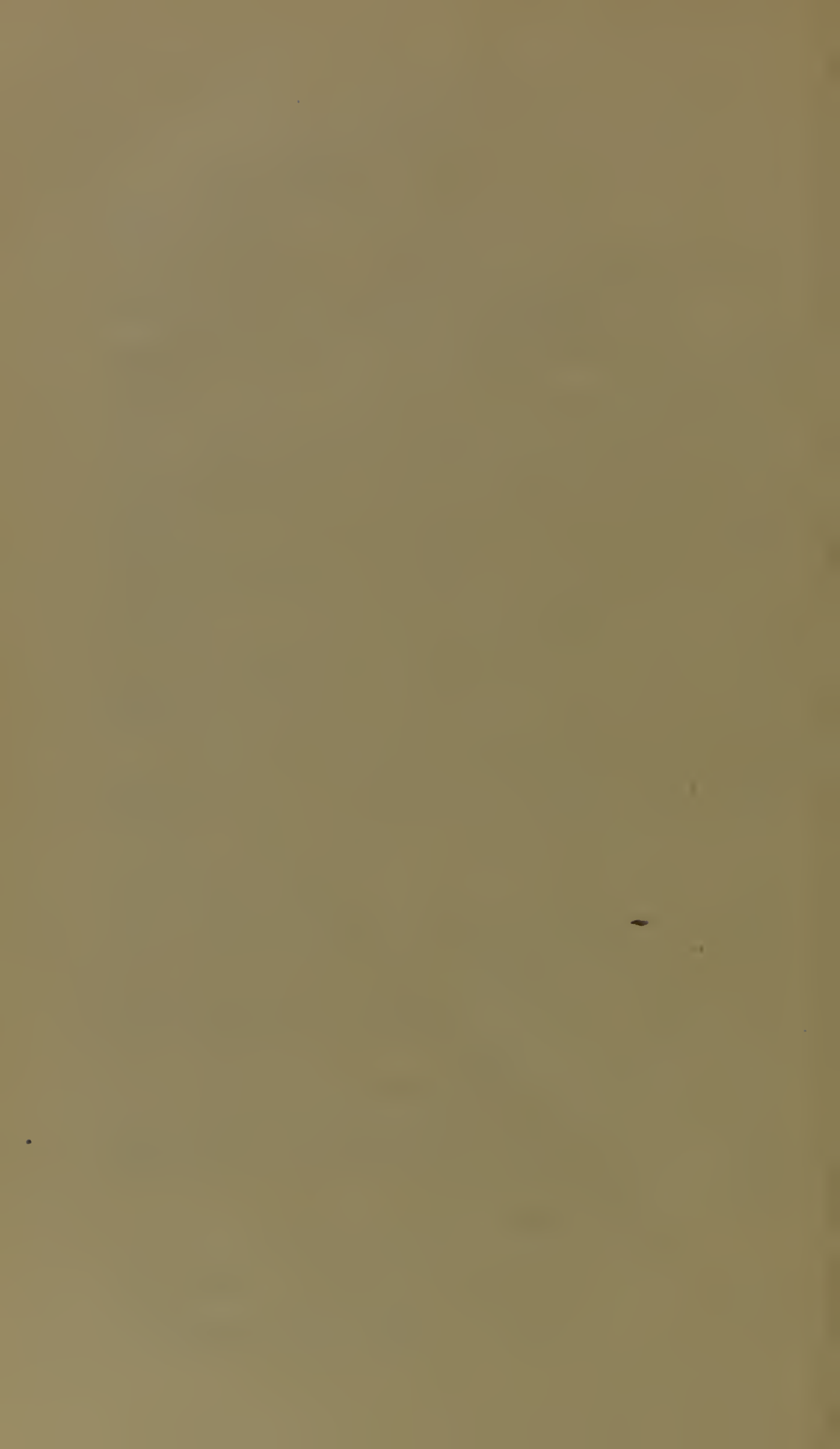
In conclusion I beg to thank the Chairman and Members of the Health Committee for their continued interest and support and the whole of the Staff of the Isolation Hospital and the Health Department for their loyal assistance.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. F. CORFIELD,

*Medical Officer of Health, etc.*



# Report of the Medical Officer of Health for the year 1925.

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*A "Survey Report" as defined in para. 3 of Circular 648 of the  
Ministry of Health.*

## NATURAL AND SOCIAL CONDITIONS.

Area (acres) .. .. .	11,333
Population (1925 R.G. estimate)	{ For Birth Rate 48,400
	{ „ Death „ 44,200
„ (Census, 1921) .. .. .	43,393
Number of Inhabited Houses (1921) .. .. .	9,053
Number of Families or Separate Occupiers (1921) .. .. .	9,380
Rateable Value .. .. .	£203,780
Sum represented by a Penny Rate .. .. .	£743

The greater part of the Borough of Colchester is situate upon the high gravel bed that extends from Marks Tey north and east. The town itself lies at the north-eastern extremity and the ground falls abruptly towards the north and east to the London clay.

The main and Clacton branch lines of the London and North-Eastern Railway may be taken as a rough boundary. All of the Borough area to the south and west of these lines is on gravel and sand, all to the north and east upon the London clay.

The Garrison at Colchester has proved an attraction to retired soldiers of all ranks and these form a definite part of a fairly large residential population.

The engineering works and extensive clothing factories find employment to two very different types of manual workers and a third type is found amongst those who work upon the farms and rose gardens that lie in the rural parts of the Borough.

The following particulars are taken from the census return of 1921. They give an excellent idea of the trades and occupations of the inhabitants :



Occupations and Employments.	Males.	Females.
Agricultural ... ..	829	5
Metal Workers ... ..	2003	20
Makers of Textile Goods and Articles of Dress	492	1582
Workers in Wood and Furniture ... ..	568	8
Builders, Bricklayers, etc., and Contractors ...	560	3
Transport and Communication ... ..	1540	40
Commerce, Finance and Insurance ... ..	1432	654
Public Administration and Defence...	1582	60
Professional Occupations ... ..	461	574
Personal Service ... ..	490	2135
Clerks, Draughtsmen and Typists ... ..	494	405

The above list is not complete. It does not include the serving soldiers in the Garrison, nor such occupations as employ less than 400 persons of both sexes.

The numbers of occupied and unoccupied or retired civilians according to the Census (1921) were :

	Males.	Females.
Total persons occupied .. ..	13319	5744
Total persons unoccupied or retired ..	2876	12781

The one occupation that might be prejudicial to the health of the employees, other than those generally accepted as prejudicial, is the making of clothing. There are a large number of women employed both in clothing factories and as out-workers, but there is nothing to show that this work has any undesirable effect upon their health.

The work-rooms are well ventilated and, speaking generally, well looked after. Many of the home workers take in the work as an extra to their husbands' wages, thus increasing the family earnings for the benefit of both parents and children.

A few further figures from the Census are of interest :

Population of the Wards.		
Ward.	Population.	Persons per Acre.
East ... ..	10,264	4.0
North ... ..	9,467	3.1
South ... ..	12,888	3.8
West ... ..	10,774	4.7



Increase in Dwellings	1911—1921 = 407 = 4.7 per cent.
„ Private Families	1911—1921 = 579 = 6.6 per cent.
Population living more than 2 persons to a room	1911 = 675.
„ „ „ „	1921 = 1,269.
Population Variation	1901—1911 = Increased by 5,079.
„ „	1911—1921 = Decreased by 59.

The latter figure is due to the new method of the Registrar General of not including the Garrison as part of the population. The result is most confusing. The populations for the past 3 Census years were :

1901	1911	1921
38,373	43,452	43,393

The figures already quoted show an increase in dwellings between 1911 and 1921 of 4.7 per cent. and of private families of 6.6 per cent., and a great increase in the population living more than 2 persons to a room.

It seems very unfortunate that the population figure no longer includes the Garrison. The reason for this exclusion is not clear. The numbers of the Garrison do not fluctuate and they are of the same type from year to year. Certainly they affect the age and sex distribution, but it is quite possible to correct for these differences.

It would appear that upon the same argument, towns in which there are Boarding Schools should not count the children at these Schools as part of their population as the majority of them have their homes in other parts of the country.

#### Extracts from Vital Statistics of the Year.

Birth Rate	..	..	..	16.2
„ „ England and Wales	..	..	..	18.3
Death Rate	..	..	..	9.4
„ „ England and Wales	..	..	..	12.2
Infantile Mortality Rate	..	..	..	54.8
„ „ „ England and Wales	..	..	..	75.0
Pulmonary Tuberculosis Death Rate	..	..	..	0.81
Other Tubercular Diseases	..	..	..	0.11
Cancer Death Rate	..	..	..	1.29

Births		Total	Male	Female
784	Legitimate	754	412	342
	Illegitimate	30	16	14

Total Deaths, 417. Male, 202. Female, 215.

Number of Women dying in, or in consequence of, Child-Birth—

From Sepsis, 1. From Other Causes, 3.

Legitimate Infantile Mortality Rate	..	..	55·7
Illegitimate „ „ „	..	..	3·33
Deaths from Measles (all ages) ..	..	..	Nil
„ „ Whooping Cough (all ages) ..	..	..	4
„ „ Diarrhœa (under 2 years) ..	..	..	3

A table of deaths over 70 years of age is given again this year.

#### Deaths of Colchester Residents of 70 years and over.

70 and under 80	80 and under 90	90 and over	Total over 70
90	57	8	155

The ages of persons of 90 and over were—3 of 90, 1 of 91, 2 of 92 and 1 of 97 and 1 of 105, 6 of these 8 were women.

#### Garrison and Institutional Populations.

Average Daily Strength of the Garrison	..	4,398
Officers, 168.	Women, 355.	
Other Ranks, 3,306.	Children, 569.	
Mental Hospitals Population	.. ..	3,128
Severalls Mental Hospital (Inmates and Resident Staff) ..	..	1,877
		Increase or Decrease. + 34
Royal Eastern Counties Institution	1,251	+ 68

### The Causes of Death in Infants and Children under 5 years, 1925.

Cause of Death	Under 1 year	1—2 years	2—5 years	TOTALS
Scarlet Fever... ..	...	...	2	2
Measles ... ..	...	...	...	...
Whooping Cough ... ..	2	...	1	3
Influenza ... ..	1	...	...	1
Heart Disease ... ..	2	...	...	2
Other Tuberculous Diseases ... ..	...	2	...	2
Bronchitis ... ..	3	1	1	5
Pneumonia ... ..	5	1	3	9
Diarrhœa and Enteritis ... ..	2	1	...	3
Congenital Debility and Pre- mature Birth ... ..	24	...	...	24
Violent Deaths ... ..	1	1	...	2
Other Defined Diseases ... ..	2	1	1	4
Totals... ..	42	7	8	57

### Causes of Death in Colchester, 1925. (Civilians only).

Causes	Males	Females	TOTALS
Enteric Fever ... ..	...	1	1
Measles ... ..	...	...	...
Scarlet Fever ... ..	...	2	2
Whooping Cough ... ..	...	4	4
Diphtheria ... ..	...	...	...
Influenza ... ..	6	5	11
Encephalitis Lethargica ... ..	1	...	1
Meningococcal Meningitis ... ..	...	...	...
Tuberculosis of Respiratory System ... ..	17	19	36
Other Tuberculous Diseases ... ..	4	1	5
Cancer, Malignant Disease ... ..	22	35	57
Rheumatic Fever ... ..	...	...	...
Diabetes ... ..	1	2	3
Cerebral Hæmorrhage, &c. ... ..	11	13	24
Heart Disease ... ..	23	45	68
Arterio-sclerosis ... ..	5	6	11
Bronchitis ... ..	12	18	30
Pneumonia (all forms) ... ..	12	7	19
Other Respiratory Diseases ... ..	3	1	4
Ulcer of Stomach or Duodenum... ..	...	...	...
Diarrhœa, &c. (under 2 years) ... ..	1	2	3
Appendicitis and Typhlitis ... ..	3	1	4
Cirrhosis of Liver ... ..	1	...	1
Acute and Chronic Nephritis ... ..	10	6	16
Puerperal Sepsis ... ..	...	1	1
Other Accidents and Diseases of Preg- nancy and Parturition... ..	...	3	3
Congenital Debility and Malformation, Premature Birth ... ..	13	8	21
Suicide ... ..	5	...	5
Other deaths from Violence ... ..	7	7	14
Other Defined Diseases ... ..	44	27	71
Causes ill-defined or unknown ... ..	1	1	2
Totals ... ..	202	215	417

This Report being a "Survey" Report, it is of interest to compare the birth and mortality rates for the past five years. In the table below the highest and lowest rates in the five years have been emphasised by italics. Rates that are the best that have ever been recorded are in heavy type.

Rates per 1,000 of the Population.	10 years' Average 1896-1905	1921	1922	1923	1924	1925
Birth Rate ...	26·0	20·7	18·0	18·6	16·9	<i>16·2</i>
Death Rate ...	14·6	10·6	<i>11·9</i>	9·7	11·3	<b>9·4</b>
*Infant. Mortality Rate	128	65·2	60·9	<b>41·1</b>	44·7	54·8
P. Tuberculosis D.R....	1·2	<i>1·11</i>	0·96	0·67	<b>0·66</b>	0·81
Cancer, D.R. ....	0·74	<i>0·92</i>	<i>1·44</i>	1·27	1·38	1·29

\* Per 1,000 Births.

In the first column average figures for the years 1896-1905 are given. During the past 20 years the Birth Rate has fallen considerably. The General Death Rate shows a marked improvement. The number of infant deaths has been halved. Deaths from Pulmonary Tuberculosis are growing fewer, but there is no marked diminution. Cancer deaths show an increase.

These figures, except the Cancer Rate, are generally satisfactory and it is a noticeable fact that during the past five years all the highest mortality rates occurred in the first two years. It is also significant to find that three record low Death Rates occurred in the last three years.

The Death Rate since 1905 has fallen 4 points, this means that nowadays 160 persons survive each year in Colchester who 20 years ago would have died. Tuberculosis of recent years is declining. It may be hoped that 1922 was the peak year for Cancer deaths. The great advance of recent years has been the striking fall in the Infantile Mortality Rate.

The one figure for 1925 that calls for special mention is that of the General Death Rate. This rate, 9·4 per 1,000 of the population is the lowest ever recorded in Colchester, beating the previous record, that of 1923, by 0·3. It is all the more surprising when it

is realized that it has been gained upon the general rate and not by a substantial fall of the Infantile Mortality Rate as was the case in 1923.

### **POOR LAW RELIEF.**

The amount of this Relief for year ended Michaelmas 1925 was :

For In-maintenance £6,443 4s. 11d.

For Outdoor Relief £12,553 4s. 6d.

### **ESSEX COUNTY HOSPITAL.**

This Hospital is situated in Colchester and has recently had a well equipped out-patient department added. The upper floor of the new building accommodates several small wards, the intention being to use these for private patients.

	1920	1925
Number of beds available throughout the year	100	120
Daily Average Number of Resident Patients . .	94	104
Number of New Out-patients Treated . .	4,891	8,126
Total Number of Out-Patient Attendances . .	14,714	32,504

This Hospital now claims a contribution from all patients. Emergency cases are treated without question at once. But speaking in general terms it may be stated that the Hospital charges for all cases are as follows :

#### *Contributory Scheme.*

Three-pence weekly provides free treatment for contributor, wife, children (under 14), and all other dependents, or single persons and their dependents.

Two-pence weekly provides free treatment for single persons.

The limit of income for contributors is £250.

Non-contributors pay £1 weekly as In-patients, and 1/- (children 6d.) per attendance as Out-patients.

The scheme is not rigidly enforced where patients are too poor to pay. This is particularly so in the case of Non-contributing In-patients.



## GENERAL PROVISION OF HEALTH SERVICES.

### **Hospitals Provided or Subsidized by the Local Authority.**

*Tuberculosis.* A pavilion of 12 Sanatorium Beds is provided for female cases of early Pulmonary Tuberculosis at the Colchester Isolation Hospital. In addition 8 Hospital Beds are provided in the same institution for 4 male and 4 female advanced cases of this disease.

The beds are subsidized by the Essex County Council and cases are sent into the Sanatorium beds from all parts of the county.

Admission to the Hospital beds is limited to certain districts adjacent to the Borough. These are : Lexden and Winstree R.D., Tendring R.D., Wivenhoe U.D., Brightlingsea U.D., Frinton-on-Sea U.D., Walton U.D., Clacton U.D. and Harwich Borough.

*Maternity.* There is no Maternity Hospital, but cases are occasionally admitted to the Essex County Hospital. The Guardians make good provision for Maternity cases in the Infirmary and several Midwives in the town provide accommodation for from 1 to 3 patients in their homes.

*Children.* The Borough Council, as the Education Authority, has made provision for the treatment of school children at the Essex County and other Hospitals—see below, under Clinics and Treatment Centres.

*Fever.* The Colchester Isolation Hospital of 150 beds is situate in Mill Road, Mile End, in the northern part of the Borough. It is supported wholly by the Borough Council and finds accommodation, not only for Colchester cases of infectious disease, including all cases from the Garrison, but also cases from the neighbouring districts that have already been mentioned under Tuberculosis above, except Harwich and Clacton.

*Small Pox.* This Hospital is really part of the Isolation Hospital, and when in use is administered from there. It is situate a quarter-mile from the rest of the Hospital, and consists of a brick cottage for accommodating the staff and a corrugated iron pavilion of 14 beds. In addition to the areas served by the main Hospital,

the Naval Authority at Harwich and Halstead U.D.C. have made arrangements with the Borough Council for sending any cases of Small Pox that may occur in their areas to this Hospital.

### **Institutional Provision for Unmarried Mothers, Illegitimate Infants and Homeless Children.**

The Poor-law Infirmary is the only institution that provides for such persons. The "Refuge" occasionally finds temporary accommodation for unmarried mothers but does not expect to deal with such cases and always passes them on to other institutions.

### **Ambulance Facilities.**

Infectious cases are moved in the Motor Ambulance provided by the Borough Council and housed at the Isolation Hospital.

Non-infectious and accident cases are dealt with by the St. John's Motor Ambulance which is under the care of Mr. E. H. Andrews, 75 Crouch Street. It conveyed over 300 cases and travelled 4,500 miles in 1925.

### **Clinics and Treatment Centres.**

Clinic or Centre.	Address.	Accommodation.	Provided by.
(2) Maternity and Child Welfare	1 Health Offices, Trinity Street 2 Wimpole Road	Waiting Room Nurses' Room Consultation Room at each	Colchester Borough Council
School Clinics—Medical, Dental, and Ophthalmic	Health and Education Offices, Trinity Street	Waiting Room Clerk's Room Clinic	Colchester Borough Council
Tuberculosis Dispensary	12 Trinity Street	Waiting Room Nurses' Room and 2 Dressing Rooms Consultation Room	Essex County Council
Venereal Diseases—Treatment Centre	Essex County Hospital	Waiting Room Consultation Room and 2 Wards of 4 Beds each	Essex County Council
Treatment of School Children for Enlarged Tonsils and Adenoids; Ring-worm by X Rays; and Special Eye Cases	Essex County Hospital	Usual Hospital Accommodation for such cases	Colchester Borough Council



### Public Health Officers :

*Medical Officer of Health, School Medical Officer, Medical Superintendent of the Isolation Hospital, Public Analyst and Tuberculosis Officer—*

W. F. Corfield, M.D., B.S. (Lond.) ; M.R.C.S. (Eng.) ; L.R.C.P. (Lond.) ; D.P.H. (Camb.).

A whole time appointment, contribution being made to the salary under the Public Health Acts and by Exchequer Grants.

*Assistant Medical Officer of Health and Assistant School Medical Officer—*

R. W. Cushing, M.A. (Oxon.) ; M.B., B.Ch. (Oxon.).

A whole time appointment, contribution being made to the salary by Exchequer Grants.

*Chief Sanitary Inspector and Food and Meat Inspector—*

A. Fisher, C.R.S.I., Certified Meat Inspector.

A whole time appointment, contribution being made to the salary under the Public Health Acts.

*Assistant Sanitary Inspector—*

C. S. Humphreys.

A whole time appointment, no contribution is made to the salary.

*Health Nurses (3)—*

Miss A. W. Sasse ; Miss L. Pearson, C.M.B. ; Miss E. Smith, S.R.N., C.M.B.

All are whole time appointments and contributions are made to the salaries by Exchequer Grants. Nurse Sasse devotes half her time to Tuberculosis work under the County Council.

*School Nurse—*

Miss M. A. Mackenzie.

A whole time appointment, contribution being made to the salary by Exchequer Grants.

### Professional Nursing in the Home.

(a) *General.* The Colchester District Nursing Association, 71 High Street, supplies nurses for district nursing work. The staff consists of four nurses, two of whom are Certified Midwives. A contribution is made by the Borough Council to assist Maternity work among the poorer cases.

The Nursing Home, 1, Beverley Road, receives cases of sickness or for operation, and also provides nurses for looking after patients in their own homes.

(b) *For Infectious Diseases.* The Health Nurses visit cases of the minor infectious diseases and give general advice as to their nursing and care when a doctor is not in attendance. For such of these cases as are more seriously ill, by an arrangement between the Borough Council and the District Nursing Association, a nurse is provided by the Association, a fixed sum being paid by the Borough Council for each visit.

### Midwives.

Unfortunately the work of the Midwives is supervised by the County Council instead of by the Borough Council. The Borough Council subsidizes the Midwifery work of the District Nursing Association to the extent of £10 per annum.

There are 15 Midwives practising in the Borough.

### Laboratory Work.

Specimens Examined.	Results.		TOTAL.
	Positive.	Negative or Normal.	1925.
Swabs for Diphtheria B. ... ..	105	693	798
Sputum for Tubercle B. ... ..	21	88	109
Blood for Typhoid and Paratyphoid Re- action... ..	1	14	15
Hair for Ringworm... ..	30	7	37
Urine Examinations (various) ... ..	1	2	3
Fluid for Pneumococcus ... ..	2	1	3
Blood for Tubercle B. ... ..	..	1	1
Milk for Pus ... ..	...	1	1
Town Water Supply { Spring Supply ... 11 } Analysis ... { Artesian Well ... 11 }	...	...	22
Other Water Supply Analysis ... ..	...	...	11
Total Specimens Examined ... ..	...	...	1000

Occasionally specimens are sent to the County Laboratory for examination.

### **Legislation in Force.**

#### *Adoptive Acts.*

The Infectious Diseases Prevention Act, 1890.

The Public Health Amendment Act, 1890.

The Public Baths and Wash-houses Acts, adopted in 1883.

The following sections of the Public Health Acts Amendment Act, 1907.

Part II.—Sections 21, 23 and 33.

Part III.—Sections 34 to 37, 39 to 47, 49 and 51.

Part IV.—Sections 52 to 59, 61, 62, 65 and 67.

Part V. and Part VI.—All Sections.

Part IX.—Section 95.

#### *Public Health Bye-Laws.*

Cleansing and Scavenging.      Prevention of Nuisances, 1897.

Common Lodging Houses.      Slaughter Houses.

New Streets and Buildings and Water Closets, 1914.

The Employment of Children and Young Persons, 1920.

Offensive Trades, 1912.

#### *Public Health Regulations.*

Regulations with respect to Dairies, Cow Sheds and Milk Shops, 1888. The Borough of Colchester (Measles and Whooping Cough) Regulations, 1920.

#### *Two Local Acts.*

51 George III., cap. 43, 6th May, 1811.

10 and 11 Victoria, Session 1847.

These Acts deal with paving, cleansing and the general improvement of the town. No action has been taken under either of them in connection with the Public Health for many years past.

Under the Prevention of Nuisances Bye Laws, the distance at which swine may be kept from a dwelling house has been increased from 60-feet to 100-feet. This has resulted in 20 persons having to cease pig-keeping and 11 having to move their styes further from dwelling houses.

## **SANITARY CIRCUMSTANCES, ETC.**

### **Water.**

The Borough has an ample and constant supply of water from the waterworks, situate at the foot of Balcerne Hill. There are two sources of this water. The greater quantity (60 per cent.) comes from the Lexden Springs. This is piped to a reservoir at the works and pumped with a deep artesian well supply to a huge water tank that dominates the town and supplies practically the whole Borough with water.

The water is excellent in quality and quite free from any plumbo-solvent action. The purity is regularly noted every month in the Health Offices with a consistently satisfactory result.

The estimated number of dwelling-houses supplied with water is 9,540 and the population supplied somewhere about 50,000. Since 1920, 595 new dwelling-houses have been supplied with water.

There still remain a good many stand-pipes for supplying water to the poorer and older parts of the town. Their number has been considerably reduced in recent years.

The approximate number of wells connected with dwelling-houses in the Borough is 120. These are practically all in the outlying and more rural parts of the district. Unfortunately their number is being increased at present, owing to new houses being erected upon roads along which there are no water mains.

### **Rivers and Streams.**

The River Colne runs through the middle of the district and though many houses lie upon its banks the stream is clear and shows no sign of any naked-eye pollution.

The Roman River lies upon the extreme southernmost boundary and is a small river running through a sparsely populated area with little or no chance of pollution.

### **Drainage and Sewerage.**

The greater part of the Borough has an efficient scheme for drainage and sewerage. A water-carriage system of sewer disposal is universal throughout the town and in those outlying villages in



the area to which the sewers extend. Elsewhere sewage is disposed of in earth-closets and cess-pools, the latter of which are emptied by the local authority at regular intervals. The total mileage of sewers in the Borough is  $64\frac{3}{4}$  miles.

The collected sewage is treated in the sewage-disposal works by filtration, the sludge worked up with lime being sold to neighbouring farmers. The works are situate to the south-east of the town, upon the right bank of the river Colne, into which a reasonably pure effluent is discharged.

### **Closet Accommodation.**

The following Table gives the number of privies, earth closets, cess-pools, etc., known in the district.

Type of Closet.	Number.
Privy ...	50
Pail Closets ...	125
Cess-pools ...	50
Wells ...	120

In the older part of the town some closets are still hand-flushed and a few are common to more than one house. Where the accommodation is insufficient additional closets are insisted upon, but it is not possible to insist upon one closet for each house.

For many years the local authority has enforced the adoption of flushing cisterns in place of the hand-flushing of closets and a very large number of conversions have now been completed, as the figures below show.

### *Hand-flushed Closets converted into Water Closets.*

1911-20	1921	1922	1923	1924	1925
225	222	646	813	686	380

The more thickly populated part of the district has now been completed, hence the numbers have begun to decrease.

### **Scavenging**

All domestic refuse is collected once weekly and deposited upon two large tips. One of these is situate upon the northern side of

the main London and North Eastern Railway, about half-a-mile to the east of Colchester North Station. The other lies in the south east part of the district about a quarter of a mile from the River Colne.

Barrack refuse is collected by the local authority under an arrangement with the War Department.

Cess-pools are emptied upon the request of the owners and the contents deposited upon farm lands.

Ash pits and similar fixed receptacles are steadily being replaced by moveable ash-bins with proper covers. The Table below gives some idea of the amount of work done in this direction since 1920, though the work has been going on continuously for many years past.

Year.	Ash-pits Abolished.	Ash-bins Provided.
1921	7	706
1922	11	691
1923	5	432
1924	12	398
1925	9	273

### Sanitary Inspection.

*Work of the Sanitary Inspector's Department with action taken under the Public Health Acts, Bye-laws, etc.*

Number of—

Complaints received	..	..	..	264
Nuisance detected or reported	..	..	..	1,433
Factories and Workshops inspected	..	..	..	336
Homeworkers' Premises inspected	..	..	..	443
Informal Notices served	..	..	..	1,027
Statutory Notices served	..	..	..	157
Summonses taken out	..	..	..	—
Nuisances abated	..	..	..	1,247

### Housing.

Number of—

Houses and Workshops cleansed	..	..	..	16
Overcrowded Houses where Overcrowding was abated	..	..	..	15
Defective Roofs repaired	..	..	..	63
Rainwater Pipes and Gutters repaired or renewed	..	..	..	27
Houses or Workshops in which Ventilation was improved	..	..	..	6

*Water Supply.*

## Number of—

Hand-flushed Closets connected with Water Supply	380
Defective Closet Water Fittings repaired or renewed	110
Houses provided with Water .. ..	12
Defects reported to Water Supply Department ..	7
Wells cleansed and repaired .. ..	3
Inspections of premises where water is cut off by Water Supply Department .. ..	408

*Drainage.*

## Number of—

Drains unstopped or repaired .. ..	95
New Closet Pans fixed .. ..	160
Water Closets repaired .. ..	50
Filthy Closets cleansed and lime-washed ..	3
New Closets built .. ..	8
Privies and Cesspools abolished .. ..	2
Old drains and Traps abolished .. ..	6
New Drains, Gullies, Disconnecting Chambers, etc., fixed .. ..	28
Defective or Insufficiently Ventilated Soil-pipes remedied .. ..	6
Drains repaired .. ..	16

*Other Sanitary Work.*

## Number of—

Miscellaneous defects remedied .. ..	268
Defects reported to the Surveyor's Department ..	24
Ashpits abolished .. ..	9
Ashbins provided .. ..	273
Yards paved .. ..	6
Removals of Manure or other offensive Matter ..	53
Nuisances from Animals improperly kept abated ..	271
Dead Animals removed from public places and buried	42
Defects reported to H.M. Inspector of Factories ..	3
Re-visits in connection with Sanitary Notices ..	956



*Premises and Occupations controlled by Bye-laws and Regulations.**Offensive Trades.*

	Number.	Inspections.
Fish Frier ... ..	21	60
Gut Scraper ... ..	1	27
Tallow Melter ... ..	2	4
Rag, Bone and Skin Dealer ... ..	5	10
Bone Boiler ... ..	1	8
Total ... ..	30	109

Two new businesses were established during 1925, one a Fish Fryer, the other a Bone Boiler. In both instances premises were built for the purpose and modern apparatus was installed, thus ensuring that as little nuisance as possible was caused.

One Fish Fryer and one Tallow Melter have ceased to carry on their trades, but for the time being their premises have been allowed to remain upon the register.

One Horse Slaughterer carries on his business in the Borough. This is not a Statutory Offensive Trade, but may well be included under this head. His premises were visited 8 times during the year, and in April the whole of them was thoroughly disinfected owing to a suspected case of Anthrax. The diagnosis was, how ever, not confirmed.

*Common Lodging Houses.*

There is only one such house in the Borough. Another would be found to supply a want as there is a fairly large itinerant population that would appreciate it.

A Municipal Common Lodging House established and managed by the Corporation would be found a most useful addition to the activities of the Borough Council.

## FACTORIES, WORKSHOPS AND WORKPLACES.

### 1.—*Inspection of Factories, Workshops and Workplaces.*

Premises (1)	Number of		
	Inspections (2)	Written Notices (3)	Prosecutions (4)
Factories (Including Factory Laundries)	42	4	...
Workshops (Including Workshop Laundries) ... ..	178	37	...
Workplaces (Other than Outworkers' premises) ... ..	139	14	...
Total ... ..	359	55	..

### 2.—*Defects found in Factories, Workshops and Workplaces.*

Particulars (1)	Number of Defects			Number of Prosecu- tions (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
<i>Nuisances under the Public Health Acts* :—</i>				
Want of cleanliness ...	26	25	...	...
Want of ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other nuisances... ..	20	17	..	...
<i>Sanitary accommodation—</i>				
Insufficient... ..	2	...	...	...
Unsuitable or defective	2	2	...	...
Not separate for sexes ...	1	1	...	...
<i>Offences under the Factory and Workshop Acts :—</i>				
Illegal occupation of under-ground bakehouse (s. 101)	...	..	...	...
Other offences (Excluding offences relating to outwork and offences under the sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921). ...	5	2	3	...
Total ... ..	56	47	3	...

\* Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

*Outwork in Unwholesome Premises, Section 108.*

Nature of Work.			Instances.	Notices served.	Prosecutions.
(1)			(2)	(3)	(4)
Wearing Apparel—Making, &c.	...	...	3	3	...
Total	...	...	3	3	...

*Home Work.*

Nature of Work.	Outworkers' Lists. Section 107.						
	Lists received from Em- ployers twice a year.			Lists received from Em- ployers once a year.			Notices served on Oc- cupiers as to keeping or sending Lists.
	Lists.	Outworkers.		Lists.	Outworkers.		
		Con- tractors.	Work- men.		Con- tractors.	Work- men.	
Wearing Apparel making, etc..	40	—	1091	2	—	2	5
Furniture and Upholstery ..	4	—	8	—	—	—	—
Sack Making ..	—	—	—	1	—	1	—
Total .. ..	44	—	1099	3	—	3	5

During the year, cases of Scarlet Fever occurred in five houses where homework was being done.

In each case a notice was served stopping further work being sent to the house until it had been disinfected and all danger of infection was past. The work which was in the house at the time was removed and disinfected before being returned to the factory from which it had been issued.

Lists of Outworkers have been received as above, and where it is found that persons residing in other districts are employed by a firm in the Borough, particulars have been sent to the Clerk to the District Council in which they reside. During the year 21 lists relating to 524 names were so transferred.

## HOUSING.

*Statistics for the Year 1925.*

Number of New Houses erected during the year:—

(a) Total (including numbers given under [b] )	..	158
(b) With State assistance under the Housing Acts :		
(i.) By the Local Authority	..	46
(ii.) By other bodies or persons	..	102

### I.—*Unfit Dwelling-Houses.*

Inspection :—

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	..	..	..	..	1,908
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925	..	..	..	..	776
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	..	..	29
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	..	..	..	..	190

### II.—*Remedy of Defects without Service of Formal Notices.*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	..	..	..	..	870
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### III.—*Action under Statutory Powers.*

A. Proceedings under Section 3 of the Housing Act, 1925.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	..	..	—
---	----	----	---



- |   |   |
|---|---|
| (2) Number of dwelling-houses which were rendered fit after service of formal notices ;   |   |
| (a) by owners .. .. .   | — |
| (b) by Local Authority in default of owners ..  | — |
| (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close .. | — |

B. Proceedings under Public Health Acts.

- |  |     |
|--|-----|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied | 157 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices ;         |     |
| (a) by owners .. .. .  | 143 |
| (b) by Local Authority in default of owners ..   | 14  |

C. Proceedings under Sections 11, 14 and 15 of the Housing, Act, 1925.

- |  |   |
|--|---|
| (1) Number of representations made with a view to the making of Closing Orders .. .. .   | — |
| (2) Number of dwelling-houses in respect of which Closing Orders were made .. .  | — |
| (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit .. .. . | — |
| (4) Number of dwelling-houses in respect of which Demolition Orders were made .. .. .  | — |
| (5) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .   | 2 |

The number of dwelling houses (29) found to be unfit for human habitation was considerably reduced during the year, 4 were demolished by the owners, 3 were repaired after the service of Informal Orders and transferred to the list of houses not in all respects fit, 2 were demolished under Demolition Orders, 1 was thoroughly repaired and made fit upon Informal Order and 1 was partially demolished after the service of an Informal Order. This leaves 18 houses unfit for human habitation at the end of the year, of which 10 are unoccupied or used only as stores or shops.

The number of new houses erected is more by 15 than the number erected in 1924, and in addition 187 were in course of erection at the end of the year.

*Distribution of the New Houses.*

North Ward.	South Ward.	East Ward.	West Ward.
10	42	56	50

*General Housing Conditions and Overcrowding.*

In spite of the new houses steadily being erected the overcrowded condition under which a large part of the population is living is deplorable. So far the new houses appear only to be beginning to reduce the number of families living in one room and it remains almost impossible for the very poor to obtain anything but the meanest and shabbiest of single rooms for a rent for which in pre-war days they would have hired a good 4-roomed house.

The shortage of houses due to the complete cessation of building during the war has not yet been met. Calculating from the Census population figures 300 houses at least are still needed.

The population of 1911 included some 5,000 soldiers of the garrison and was 43,452; in 1921 without the garrison it was 43,393, or upon adding 5,000 for the garrison to make the populations comparable 48,393. But 1921 is 5 years ago and there has been a further natural increase of the population and it is probable that the Census population of 1921 was too low. It is therefore not unreasonable to take the population to-day, including the garrison, as 50,000, an increase of 6,500 since 1911.

The number of houses required by 6,500 persons, allowing 6 persons per house, is 1,080. The number of houses built since 1911 is 750. Hence upon the basis of these figures 300 houses are still required.

The overcrowding is undoubtedly due to this shortage of houses. There are some persons in small houses willing to take larger ones to accommodate growing families, provided the rents are not too great.

It is most difficult to say how soon the families desiring better accommodation, and who are able to pay an increased rent, will be

absorbed, leaving those still overcrowded who need the increased accommodation yet cannot afford it.

The great need is for cheap houses.

As soon as possible a number of houses that can only be considered fit for human habitation owing to the present shortage and the impossibility of finding any alternative accommodation should be condemned.

### *Fitness of Houses.*

Colchester is a very ancient town and it is therefore natural that there are a number of very old, unsatisfactory houses in it. But, even so, the general standard of the large majority of the houses is good.

There are no back-to-back houses in the district and practically every house has a reasonable air space both at the front and back.

Some of the houses built in the 15th and 16th centuries are regular rabbit warrens, having been divided up over and over again into different tenements, so that from the inside it is impossible to say how the original rooms were distributed. Many of these should now be condemned, or gutted and re-built. Most of them are timber-framed, with lath-and-plaster walls. The timbers are good, but the walls and roofs are bad, and little short of re-building can make them reasonably good dwelling-houses.

The defects referred to above are largely the result of time, combined, to some extent, with indifferent tenants and not very prosperous landlords. Some of the latter undoubtedly feel that these old houses are not worth spending money upon, as sooner or later they must be condemned.

Many brick houses, built at a later date, are defective owing to damp. Defective roofs and absence of a damp-proof course in the walls are a common cause of complaint. Many of such houses, too, are very small, the rooms being low and not up to modern ideas of the size that a room should be.

Some of these houses, particularly in back alleys off the main streets, have been allowed to decay too far and these should be condemned ; but there is no great number of them.



It will be seen from the particulars above that only 18 houses are included as unfit for human habitation, and that 190 are noted as not in all respects reasonably fit. All the former that are occupied should be condemned at once, and then several of the latter should be moved up into the first category, but it is still almost impossible for tenants to find alternative accommodation, and it is useless for Closing Orders to be made and not enforced.

Housing inspection is constantly carried out, and, as the statistics show, an immense amount of work is done under Informal Orders. Statutory Orders under the Public Health Act are occasionally required, but further action is only very rarely needed.

The water supply and closet accommodation is satisfactory for the majority of houses, but in the older and poorer districts many householders have to share a common closet and a stand-pipe. Such arrangements are not desirable but there does not appear to be sufficient authority for improving such conditions.

On the other hand proper dust-bins are now insisted upon for every house and each year many delapidated or worn out ones are replaced by the owners.

Of recent years, as has been already mentioned, flushing cisterns have been insisted upon in hand-flushed closets. In many instances landlords when complying with this demand have taken the opportunity of laying the water also on to the house, thus reducing the number of houses dependent upon a stand-pipe.

*Byelaws relating to Houses, to Houses Let in Lodgings, etc.*

At present there are no special bye-laws dealing with houses as such or as lodging houses, or with tents and vans, etc. The matter has had the consideration of the Local Authority and it has been found that under present circumstances powers under the various Public Health Acts are sufficient to deal with such conditions as arise.

Tent and van dwellers are regularly visited and where such people settle for several months as in the winter, proper water supply and sanitary accommodation is insisted upon. Such dwellings are always inspected with a view to dealing with overcrowding if present.

## INSPECTION AND SUPERVISION OF FOOD.

Premises					Number	Inspections
Slaughter-houses:—						
	Registered	...	...	10 }	21	298
	Licensed	...	...	11 }		
Bakehouses	...	...	...	36 }	37	89
	Underground	...	...	1 }		
Dairies and Milk Shops	...	...	...	...	86	270
Cowsheds	...	...	...	...	59	200

### Milk.

The milk produced within and brought into the Borough is good and wholesome, as are the arrangements for its supply and distribution. Constant inspection keeps the dairies, cowsheds and milkshop keepers up to the mark, and though fault has to be found occasionally on only two occasions have Orders had to be served requiring work to be done. Both were cases in which limewashing as required under the Regulations had not been carried out.

Each year every herd of milking cows is examined twice by a Veterinary Inspector, once in the spring and again in the autumn, for Tuberculosis of the udder. In this way 439 cows were examined and two were found to be suffering from Tuberculosis; in both cases the milk was stopped from being used for human consumption forthwith.

There are no licensed producers of any of the milks classified in the Milk (Special Designations) Order, 1923, but licences for the retail of such milk were granted as follows:—

#### *Licences Granted for the Retail of Special Milk.*

Certified Milk	..	..	..	3
Grade A (Tubercular Tested) Milk	..	..	..	3
Grade A Milk	..	..	..	3

In all cases the retailers obtained the bottled milk direct from the farm at which it had been produced.

One licenced business changed hands during the year and a fresh licence was granted to the new owner.

In no case was it found necessary to refuse or revoke registration of dealers or licences.

In one case a cowkeeper, outside the Borough, was warned as to the future condition of any milk he might retail in the Borough.

A consignment of 209 tins of condensed machine-skimmed milk was condemned as being unfit for human food.

### **Meat.**

A Report by the Meat Inspector is given below :—

“The Public Health (Meat) Regulations, 1924, came into operation on April 1st. They provide for the cleanliness of premises, utensils, etc., and for precautions to be taken by butchers and persons handling meat in order to protect all meat, so far as is reasonably possible, from flies, dirt and other contamination. It is also required that notice be given of days and times of slaughter of animals for human food and for the immediate notification by the butcher to the Meat Inspector of any disease, or suspicion of disease, found in any carcase.

The Regulations facilitate the inspection of as much meat as possible at the time of slaughter, but it will be recognised that, with 21 Slaughter Houses in the District, it is impossible to inspect all animals at that time. In order that as much meat as possible may be inspected, periodical visits are paid to those shops where meat is being sold that it was impossible to examine at the time of slaughter. It will be gathered from this that the Regulations have considerably increased the number of inspections of meat and meat shops when compared to the number previously carried out.

Prior to the commencement of the Regulations, a summarized print of them was sent to all butchers and proprietors of shops where meat was stored or sold. All these premises were subsequently inspected with a view to seeing what alterations had been, or were necessary to be, made, and when in doubt, the shop keeper was advised as to the best arrangements he could make, taking into consideration the nature of the construction of the premises.

I believe that all butchers have windows to their shops; most of them keep them in permanently, opening them at different times for ventilation, but keeping them closed as the weather and conditions warrant.

Some butchers still prefer the open shop front, but have windows which they can always put up as occasion demands. None of them now hang any meat which is uncovered or unprotected over the footpath, and I am pleased to report that usually I have found the butchers quite agreeable, as far as is reasonably possible, to comply with the Regulations. Where I have seen what, in my opinion, has been an infringement, a word with the butcher has always had the necessary effect.

There are only three meat stalls in the Borough. Each of the owners have complied with the Regulations in the way of covering the stall, displaying name and address, etc. The stalls are only put up once a week—on Saturdays.

There were 21 Slaughter Houses on the Register at the end of the year. The following table differentiates between those Registered and those Licensed :—

		In 1920		In Jan. 1925		In Dec. 1925
Registered	..	10	..	10	..	10
Licensed	..	9	..	11	..	11
		—		—		—
Total	..	19		21		21
		—		—		—

The majority of these Slaughter Houses are old, but in spite of this fact, they are on the whole well kept. Certain structural alterations were made in one during the year, and where more frequent lime washing was found to be necessary, the occupiers were informed, and by the time the place was again inspected, the work had invariably been done.

During the year, 298 visits were made to Slaughter Houses. Before April 1st, no record of the number of carcasses examined was kept, but since that date 726 animals have been examined, viz :—

Cattle 172

Swine 366

Sheep 188

The method of examination is that recommended in the Ministry of Health Memo. 62/Foods. In no instance has the butcher been found trying to evade the Regulations requiring him to report any diseased carcass ; on the other hand I have several times been called in to give an opinion on an animal about which the owner was in doubt.



No arrangements have been made in this area for the marking of meat that is inspected.

The Table below sets out in detail the amount of meat condemned during the year as unsound and unfit for human food. All this food was voluntarily surrendered and subsequently destroyed. No seizures were made.

*Table shewing Amount of Diseased and Unfit Meat and other Foods Condemned and Destroyed, 1925.*

**Whole Carcasses and All Organs.**

Animals.				Disease.
1 Ox..	..	..	..	Generalized Tuberculosis
2 Pigs	..	..	..	"
5 Pigs (small)	..	..	..	Pneumonic, fevered and emaciated condition of the flesh

**Parts of Carcasses and Organs.**

				Disease.	Weight, lbs.
<i>Cattle—</i>					
Head and Tongue	..	..	..	Tuberculosis	20
Lungs	..	..	..	"	20
Liver	..	..	..	"	14
Lungs	..	..	..	Abscess	8
Tongue	..	..	..	Actinomycosis	10
Livers	..	..	..	Fluke, &c.	182
Part of Leg	..	..	..	Accidental Injury	11
<i>Pigs—</i>					
9 Mesenteries	..	..	..	Tuberculosis	21
9 Plucks	..	..	..	"	67
11 Heads and Tongues	..	..	..	"	137
1 Short Fore-quarter	..	..	..	"	30
1 Pluck	..	..	..	Congested Lungs & Enlarged Liver	8
8 Lungs	..	..	..	Pneumonia	23
2 Hocks	..	..	..	Rheumatic and Enlarged Joints	2
Part of Hind-quarters	..	..	..	Difficult Parturition	34
<i>Miscellaneous—</i>					
Tinned Meat	..	..	..	Decomposition	45
Frozen Kidneys and Suet	..	..	..	"	20
Fish	..	..	..	"	301
Condensed Skimmed Milk	..	..	..	"	209 Tins

The total weight of meat and other foods destroyed, excluding 8 carcasses, was therefore 9 cwt. 10 lbs. and 209 tins of milk.

Usually, when comparatively small quantities are condemned, the meat is brought away and buried. In large quantities, arrangements are made with the owner of the Gut Scraping works for the meat to be put into his digester and boiled down. This work I always personally supervise.

There are no public Slaughter Houses in the district.

(Signed) A. FISHER,

Sanitary Inspector and Certified Meat Inspector."

#### **Other Foods.**

Bakehouses, Restaurants, Fish Shops and such other places that deal in foods are regularly inspected. Such unsound food as has been found in these inspections is included in the Table already given.

Upon two occasions the Meat Inspector was asked to examine consignments of fish, with the result that  $21\frac{1}{2}$  stone were condemned and destroyed.

Special attention has been paid to cooking and storing of fish in Fried Fish Shops.

All street stalls selling food are constantly visited. Upon Saturdays there are stalls dealing in meat, fish, fruit, vegetables and sweets in the High Street. It is obviously undesirable that foods should be exposed to dust-laden winds and although the stalls are well protected, contamination must occur to a greater extent than in enclosed shops. The High Street is an exceedingly busy thoroughfare, particularly upon Saturdays, and it seems very desirable that no kind of food be allowed to be sold from street stalls.

### Sale of Food and Drugs Acts

#### *Result of Analysis of Samples taken under the Sale of Food and Drugs Acts.*

Samples.	Number of Samples.	Adulterated.	Nature of Adulteration.
New Milk ... ..	56	7	5 Fat Deficient :—
Flour ... ..	2		10·0 per cent. ; 6·6 per cent. ;
Prescriptions ... ..	1		13·3 per cent. ; 10·0 per cent. ;
Rice ... ..	1		& 3·3 per cent. respectively.
Sugar ... ..	1		
Cocoa ... ..	2		
Sago ... ..	1		Two added Water :—
Coffee ... ..	3		22·4 per cent. & 18·8 per cent.
White Pepper ... ..	1		
Whisky ... ..	2		
Butter ... ..	4		
Arrowroot ... ..	2		
Ice Cream ... ..	4		
Oatmeal ... ..	2		
Preserved Cream ... ..	4		
Cream ... ..	2		
Camphorated Oil ... ..	2		
Castor Oil ... ..	1		
Sweets ... ..	1		
Tapioca ... ..	1		
Tea ... ..	1		
Borax ... ..	1		
Pearl Barley ... ..	1		
Malt Vinegar ... ..	1		
Bread ... ..	3		
Liquorice Powder ... ..	1		
Glycerine ... ..	1		
Cornflour ... ..	1		
	103	7	

Of the 7 adulterated samples of milk 4 were original samples taken by the food inspector in the ordinary course of his work. The 3 others were following-up samples, 2 taken in course of delivery and 1 from the farm. In one case the original sample, the course of delivery sample and the farm sample were all found to be deficient in fat.

One vendor was prosecuted for added water and was fined £10 for each of the two samples analysed, with costs £2/10/-. making in all £22/10/-.



### Milk and Cream Regulations, 1912-1917.

	(a) Number of Samples examined for the pre- sence of a preservative.	(b) Number in which a Pre- servative was reported to be present and per- centage of preservative found in each sample.
Milk, and Cream not sold as Preserved Cream—		
Milk ... ..	56	...
Cream ... ..	2	...
Cream sold as Preserved Cream ... ..	4	(1) 0'34 per cent. (2) 0'39 per cent. (3) 0'31 per cent. (4) 0'28 per cent.

### PREVALENCE AND CONTROL OVER INFECTIOUS DISEASE.

*Total Cases Notified in the Borough, 1921-1925.*

Disease.	1921	1922	1923	1924	1925
Diphtheria .. ..	48	74	48	31	28
Scarlet Fever .. ..	146	52	44	183	315
Enteric Fever .. ..	2	7	12	8	8
Puerperal Fever .. ..	2	2	—	2	3
Pneumonia .. ..	30	68	33	36	38
Malaria .. ..	3	3	1	—	—
Dysentery .. ..	33	6	2	4	7
Erysipelas .. ..	24	14	12	11	20
Cerebro-Spinal Fever ..	1	1	—	—	—
Acute Anterior Poliomyelitis ..	1	1	—	7	1
Encephalitis Lethargica ..	3	1	3	4	2
Acute Polioencephalitis ..	1	—	—	—	—
Ophthalmia Neonatorum ..	1	3	3	2	2
Measles .. ..	9	201	8	371	66
Whooping Cough .. ..	50	119	51	136	129

The above Table gives a very fair idea of the usual run of cases of the Infectious Diseases. Several points are worthy of special notice.

Since the epidemic of diphtheria in Colchester, in 1901-02, there has never been a serious outbreak, the number of cases notified in any one year since that date never having reached 100.

This, no doubt, is due to the careful swabbing of contacts when

a case of diphtheria is notified and the isolation of those having diphtheria bacilli in their throats. Both cases and contacts are isolated until three negative swabs have been obtained.

Diphtheria antitoxin is always available for the use of general practitioners.

It is not easy to find any definite interval between outbreaks of Scarlet Fever. Upon going back to the year 1895, it is found that over 100 cases of this disease were notified in the following years: 1895, '96, '97; 1903, '04, '05; 1908; 1914, '15; 1919, '20, '21; 1924, '25.

It is interesting to note how once over 100 cases have occurred in any year the numbers keep up (except in 1908) for at least a year longer, culminating in a year of over 200 cases. The years in italics were years when over 200 cases of Scarlet Fever were notified.

It would appear that an increased number of cases is likely to occur every 8 or 10 years and last for at least 2 years.

Enteric Fever should be mentioned as a disease that appears to be steadily dying out. During the war numerous cases were notified in soldiers and at Severalls Mental Hospital. Since the war fewer cases have occurred at this institution, and among both the soldiers in the Garrison and civilians cases have been decidedly scarce.

Notifications of Pneumonia are undoubtedly more frequent when Influenza is about, and it appears likely that this form of Pneumonia is more fatal than the type that is not subsequent to an attack of Influenza.

Cases of Dysentery are occasionally reported from the Mental Institutions. Cases among the ordinary population are now very rare.

The Colchester Measles and Whooping Cough Regulations continue to prove their value by enabling cases to be visited at the earliest opportunity and parents to be given the advice that so many still require. The idea that both these diseases are childish ailments that will do no harm and from which recovery will be rapid is still too prevalent.

The use that has been made of the Borough Bacteriological Laboratory has already been shown. The possibility of examining swabs immediately from suspected Diphtheria throats is of great value and much time is saved, as a result can always be obtained within twenty-four hours. Many general practitioners tend to rely upon such results, and this saving of time is of the utmost importance. Swabs are received at all times and dealt with up to 8 p.m., including Sundays and Bank Holidays.

For the past 5 years disinfection after the occurrence of infectious disease has been modified. It is now undertaken in the infected room, all washable articles such as sheets, pillow cases, night-clothing, handkerchiefs, etc., are soaked in disinfectant in the room while the room itself is disinfected by means of formalin. This system has been found to be quite satisfactory.

Disinfection is carried out as a routine after cases of Diphtheria, Scarlet Fever, Enteric Fever and Small-pox and upon request after such diseases as Measles, Whooping Cough, Cancer, etc., a small charge being made.

There is no station for the cleansing and disinfection of verminous persons.

The Schick Test for Diphtheria susceptibility has been carried out upon the Nursing and Domestic Staff at the Isolation Hospital for the past two years, and immunisation carried out in those found to be susceptible. Since then only one case of Diphtheria has occurred among the Staff. This was a ward-maid who had been found to be Schick Positive, but who left the Institution for her annual holiday upon the day the immunisation injections were to be given.

The Schick Test and subsequent immunisation was used upon a number of cases at the Royal Institution for Imbeciles and Idiots in Colchester during 1925 after representations had been made to the Medical Superintendent by the Medical Officer of Health.

Whenever a School Teacher suspects a child to be suffering from or sickening for an Infectious Disease he or she at once sends this information to the Medical Officer of Health upon a form especially provided for this purpose. These school notifications are most

useful as not only is information obtained about cases of the non-notifiable diseases in this way, but occasionally about cases of the notifiable diseases also.

One of the most mortal of infectious diseases is a non-notifiable disease, that of Influenza. The mortality for the past 5 years is given below and with it is given the Pneumonia Mortality as undoubtedly many deaths from Pneumonia may be ascribed to an antecedent attack of Influenza.

### Mortality from Influenza and Pneumonia 1921-1925.

Disease.			1921	1922	1923	1924	1925
Influenza ..	..	..	6	26	11	17	11
Pneumonia..	..	..	17	18	14	22	19

### Notifiable Diseases (other than Tuberculosis) during the Year 1925.

(Civilian and Military Cases.)

Disease	Total Cases Notified and Total Deaths	Total Cases and Deaths in Age Groups												Cases admitted to Hospital
		Under 1 Year	1	2	3	4	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	
Diphtheria ...	28	...	...	...	1	1	9	1	4	12	...	...	...	27
Scarlet Fever ...	315	1	9	9	12	40	135	44	31	24	10	...	...	292
	2				1	1								
Enteric Fever (including Paratyphoid) }	8	...	...	...	...	...	...	2	...	1	2	3	...	3
	1							1						
Puerperal Fever...	3	...	...	...	...	...	...	...	...	2	1	...	...	...
	1									1				
Pneumonia ...	38	1	1	1	2	1	4	2	5	7	5	7	2	...
				1						1		1	2	



*Other Diseases Generally Notifiable.*

Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery	...	7 <i>1</i>	...	...	...	...	1	1	1	3 <i>1</i>	1	...	...	...
Erysipelas	...	20 <i>1</i>	...	...	...	...	...	...	1	1	4	3	8 <i>1</i>	3
Encephalitis	}	2	...	...	...	...	...	...	...	...	...	1	1	...
Lethargica		1	...	...	...	...	...	...	...	...	...	1	1	...
Ophthalmia	}	2	2	...	...	...	...	...	...	...	...	...	...	...
Neonatorum														
Acute Ant.	}	1	1	...	...	...	...	...	...	...	...	...	...	...
Polioomyelitis														

*Other Diseases Notifiable Locally.*

Measles	...	66	6	7	10	7	36	...	...	...	...	...	...	...
Whooping Cough	...	129 <i>2</i>	17 <i>1</i>	24	28	22	38 <i>1</i>	...	...	...	...	...	...	...

The figures in *italics* in the above table give the number of deaths of cases notified.

*Tuberculosis.*

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1	...	...	...	...	...	...	...	...	...
1	...	...	...	2	...	...	...	2	...
2-4	...	...	...	2	...	...	...	...	...
5-9	...	...	...	3	2	...	...	...	...
10-14	...	1	1	2	1	...	...	...	...
15-19	...	4	4	1	2	2	4	...	...
20-24	...	10	5	1	...	3	5	...	...
25-34	...	4	8	...	...	5	2	...	...
35-44	...	4	2	1	...	1	2	...	...
45-54	...	4	3	1	1	4	2	...	1
55-64	...	4	2	...	...	2	3	...	...
65 and upwards	...	2	1	...	...	1	1	...	...
Totals	...	33	26	13	6	18	19	2	1



**The Mortality Rates of certain Infectious Diseases per 1,000 population compared with those for the same diseases in England and Wales during 1925.**

Disease	Number of Cases Notified in Colchester.	Death-Rate per 1,000 population	
		England & Wales	Colchester
Scarlet Fever ... ..	315	0·03	0·04
Diphtheria ... ..	28	0·07	0·00
Enteric Fever ... ..	8	0·01	0·02
Diarrhoea* (under 2 years) ...	...	8·4	3·8
Measles† ... ..	66	0·13	0·00
Whooping Cough † ... ..	129	0·15	0·08

\* The Diarrhoea Mortality Rate is calculated per 1,000 Births.

† Only the first case under 5 years of age in a family is notifiable in these diseases

**Isolation Hospital.**

*Cases admitted to the Isolation Hospital during the year.*

Authority sending in cases	Scarlet Fever	Diphtheria	Typhoid Fever	Other Diseases	Total
Colchester Borough ... ..	250	15	3	10	278
	2		1		3
Essex County Hospital ... ..	12	...	...	2	14
Mental Institutions ... ..	11	9	...	7	29
War Department ... ..	19	3	...	15	37
Walton U.D. ... ..	...	1	...	...	1
Frinton U.D. ... ..	7	...	...	...	7
Brightlingsea U.D. ... ..	1	...	...	...	1
Wivenhoe U.D. ... ..	4	...	...	...	4
Tendring R.D. ... ..	55	17	1	...	73
		1			1
Lexden and Winstree R.D. ...	23	2	...	...	25
Long Melford R.D. ... ..	4	1	...	...	5
Essex County Council ... ..	...	...	...	72*	72
				6	6
Halstead and Belchamp Combined Area ... ..	2	...	...	...	2
Hadleigh U.D. ... ..	1	...	...	...	1
Totals ... ..	389	48	4	106	547
	2	1	1	6	10

Deaths from the various diseases are given in italics.

\* Cases of Pulmonary Tuberculosis, 16 in Hospital beds and 56 in Sanatorium beds.

Two Nurses and one Ward Maid contracted Scarlet Fever. All made a satisfactory recovery.

No cases of Diphtheria occurred among the staff.

The 34 "Other Diseases" noted in the above Table, were:—

- 1 Positive Diphtheria Contact (Borough).
- 8 " " Carriers (5 R.E.C.I. ; \*  
2 Essex County Hospital ; 1 Borough).
- 5 Tonsillitis (4 Borough ; 1 R.E.C.I.).
- 6 Measles (Garrison).
- 3 German Measles (Garrison).
- 5 Mumps (Garrison).
- 1 Encephalitis lethargica (Garrison).
- 1 Pyorrhœa with Septic Rash (R.E.C.I.).
- 1 each Septicæmia ; Debility ; Teething Rash ; Stomatitis (Borough).

\* 'The Royal Eastern Counties' Institution for Imbeciles and Idiots.

The cases sent in in the above list as Scarlet Fever were—Tonsillitis (3) ; Stomatitis (1) ; Pyorrhœa (1) ; Teething Rash (1) ; Encephalitis lethargica (1).

The case of Septicæmia was admitted as a private case. She was very seriously ill but finally made a good recovery.

A nurse at the Hospital was very run down and was admitted to a separate ward as a case of debility for a short time.

Two cases of Tonsillitis were sent in as Diphtheria.

### *Scarlet Fever.*

Already in this report the fact that 1925 was a Scarlet Fever year has been mentioned. It was surprising how steadily the disease retained its hold throughout the year. As a rule any Autumnal increase diminishes in January perhaps increases again in April and May and then dies away until the Autumn again. It is shown below how the number of cases never fell to a low figure throughout the year.

#### *Monthly Incidence of Scarlet Fever in 1925.*

January	32	May	41	September	16
February	23	June	16	October	38
March	17	July	26	November	37
April	26	August	24	December	19

It is surprising how equally divided the number of cases were between the first and second halves of the year. Between January and June 155 cases occurred, and between July and December 160.

Out of the 315 cases 292 were admitted to the Isolation Hospital and 23 were nursed at home. Two deaths occurred. Both were severely ill and died in the Isolation Hospital.

A small epidemic at the County Hospital helped to swell the numbers. In all 13 cases occurred at this Institution. A boy with a broken leg was the only one not sent into the Isolation Hospital. The other 12 consisted of:—

2. .A Sister and Nurse belonging to the Essex County Hospital.

2. .Cases that had been operated upon for Tubercular Glands in the Neck.

2. .Recent Appendectomies.

1 each. .Removal of Nasal Septum; Mastoid Operation; Scalded Leg; Fractured Femur; Recent Operation for Hernia; Osteomyelitis.

The type of Scarlet Fever was unusual and caused a great deal of anxiety. The diagnosis was frequently difficult. Peeling in certain cases was delayed and in 2 cases occurred a second time. Return cases, in spite of the utmost care being taken, were more frequent than usual. Secondary Rashes occurred in 6 cases.

The Return Case rate, which is as a rule under 2 per cent., rose to 4.4 per cent., there being 14 Return Cases. A Return Case is any fresh case that occurs in a house within 28 days after the return of a case from the Isolation Hospital.

As many of the cases were so mild, towards the end of the year children that appeared perfectly free from infection were discharged after less than six weeks (the usual period) stay in hospital. No harm appears to have arisen from this and the system will be continued.

*Diphtheria.* The number of cases of Diphtheria remains astonishingly low. Only 28 cases were notified and 27 were admitted to Hospital. No deaths occurred.

*Enteric Fever.* Severalls Mental Hospital continues to report cases of Enteric Fever: 5 of the 8 notified cases occurred in this

Institution. One child from the Borough died after 29 days in the Hospital: from the first she was seriously ill.

*Encephalitis Lethargica.* Two cases were notified in Colchester. They were looked after in the General Hospital, where one died. The soldier with this disease in the Isolation Hospital was from Norwich. He had a mild attack and recovered.

*Measles and Whooping Cough.* Only 66 cases of Measles were notified and no deaths occurred from this disease. Whooping Cough notifications reached the figure of 129, with 4 deaths. The mortality figures for these diseases are satisfactory and this may, to a large extent, be ascribed to the Colchester Regulations.

*Tuberculosis.* Four cases died without previously having been notified, a ratio of  $\frac{4}{40}$  or 10 per cent. of the total deaths from Tuberculosis. Notification upon Forms C and D, that is, of admission or discharge of patients to or from Sanatoria, is too often unduly delayed. Sometimes such notifications are three or four weeks late, and as a consequence the disinfection of infected rooms is also delayed. This is most regrettable and should be avoided.

No action has been called for under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor has it been found necessary to apply for an order for compulsory removal to hospital under the Public Health Act, 1925.

In January, the 12 patients in the Sanatorium beds at the Isolation Hospital were changed from male to female. On July 6th arrangements were made to allow the County Council the use of 8 Hospital beds (4 male, 4 female) for advanced cases of Pulmonary Tuberculosis from neighbouring districts.

## MATERNITY AND CHILD WELFARE.

*Visits paid to Infants by the Health Nurses during the year.*

Under 1 month	1—3 months	3—6 months	6—12 months	1—2 years	2—5 years	Total Visits
973	864	1,043	1,815	2,646	4,078	11,419



Number of Visits to Illegitimate Children	..	485
„ Long Tube Bottles being used	..	nil
„ occasions where Infants were sleeping with their parents	.. ..	25
„ Still Birth enquiries	.. ..	9

*Notification of Births Act.*

Number of Children born alive and notified in accordance with the Act	.. ..	769
„ Children born alive and not so notified	..	47
„ Still Births notified	.. ..	21
„ Births notified by Midwives	.. ..	537
„ „ „ Parents or Doctors	..	253

*A few figures for the past 5 years are of interest.*

	1921	1922	1923	1924	1925
Visits paid by Nurses ..	12,423	12,889	11,503	11,778	11,419
Children Notified under the Act ..	866	753	777	764	769
Long Tube Bottles being used ..	3	—	—	—	—
Still Births.. ..	18	28	24	23	21

*Nursing of Sick Children under 5 years.*

The Borough Council has an arrangement with the District Nursing Association under which a nurse is sent to attend a sick child when required by the Health Department. During 1925 nine children were looked after in this way and 245 nursing visits were paid. The cases were—Whooping Cough (1); Whooping Cough and Pneumonia (2); Measles and Pneumonia (1); Ophthalmia (1); Conjunctivitis (1); Stomatitis and Malnutrition (1); Sore Navel and Eczema (1); Ophthalmia Neonatorum (1). Two of these children left the district much improved. One case was admitted to the County Hospital and one to the Infirmary. All made a good recovery.

**The Infant Clinic.**

Number of new babies brought to the Clinic: Trinity Street 184, Wimpole Road 56	.. ..	240
Number of Attendances made: Trinity Street 1240,		



Wimpole Road 334	..	..	..	1,574
Dried Milk supplied free or at reduced prices			lbs.	272
" " " at full special price	..		lbs.	1,364
Meat Extract supplied at full special price in 10-oz.				
cartons	..	..	..	541
Flannel supplied at a special price	..		yds.	318
Wool	"	"	lbs.	32
Baby Garments made up at special prices			..	2
Paper Patterns for Baby Clothing given free			..	6
Malt and Cod Liver Oil	..	..	lbs	97
Cod Liver Oil and Hypophosphites ; Parish's Food				
			4-oz. bottles	131
Lactagol	..	..	..	packets 84
Rusks	..	..	..	packets 35
Baby Feeding Bottles	..	..	..	10

*Comparative Figures for the past 5 years were :*

	1921	1922	1923	1924	1925
New Babies brought to Clinic	265	170	180	174	240
Total Dried Milk supplied	4806	2913	3038	2186	1636
Meat Extract supplied..	542	401	378	312	541
Free Paper Patterns	34	23	14	13	6
Flannel supplied	343	240	250	305	318

These figures are very instructive. It should first be explained that in 1922 the Clinic was moved from premises in Queen Street to those in Trinity Street. The low figures of 1922 and subsequent years are due to the mothers not liking the change and to the high birth rate of 1920 unduly swelling the figure for 1921.

In June, 1925, a second Clinic was opened in Wimpole Road. This is evidently appreciated, and instead of reducing the number of children taken to the Trinity Street Clinic the latter has increased above the similar figures of the past two years, thus evidently these Clinics are increasing in popular favour.

It is surprising to find at the same time that the amount of dried milk used has decreased considerably. It looks as though mothers preferred ordinary milk when the price makes it available. They are certainly right so long as they can keep it clean and pure.

It seems as though the Paper Patterns supplied free are not so popular as they used to be.

Several new articles have been added to those already supplied at the clinic. Lactagol for nursing mothers has at once been appreciated, and packets of milk rusks are sufficiently popular to encourage their being kept. A convenient hygienic Feeding Bottle has not been so popular as was expected.

### **Milk (Mothers and Children Order) 1919.**

	1921.	1922.	1923.	1924.	1925.
Number of families supplied with free fresh milk ..	85	102	84	71	61
Number of pints supplied..	6,830	8,836	8,309	6,167	5,507

It is surprising to find these figures growing smaller. The tendency to do so has been noted for some time and as a result the terms under which free milk is supplied have been relaxed, but still the amount required is less each year.

There is no Maternity Home in Colchester, but cases are occasionally looked after in the County Hospital, and one or two of the midwives receive expectant mothers in their houses. The Infirmary sets aside a ward for looking after mothers during child-birth, and a number of women avail themselves of this accommodation.

Even so there can be no doubt that a modern well staffed Maternity Home would fill a want, and be a benefit to very many mothers.

Deaths from Puerperal Fever or during child-birth are few. Should such occur, full enquiries into the circumstances are carried out.

Although some cases of child-birth are attended by the doctors in the district, the large majority prefer to seek the assistance of midwives.

Tentative arrangements are being made to deal with children under 5 years old suffering from Dental Disease and Crippling Defects. It is probable that such work will be linked up closely with similar work for school children.

*Puerperal Fever.* Three cases were notified, one of which

terminated fatally. Two cases were attended by midwives, one of these did not recover. The third was attended by a doctor.

*Ophthalmia Neonatorum.*

Number of Cases.	Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	Notified	Treated					
		At Home	In Hospital				
2	2	2	...	2	...	...	..

These figures are the same as for last year. One case recovered completely, the other left the district and the Medical Officer of Health of the district to which it was taken was informed. He has since sent the information that the eyes have recovered. Both were midwives cases.

The numbers of Puerperal Fever and Ophthalmia Neonatorum cases during the past five years are stated on page 35.

*Epidemic Diarrhœa.* As pointed out last year, this disease no longer exists in Colchester. Occasional deaths from Diarrhœa in children under 2 are always liable to occur, but this does not constitute an epidemic, and when Infant Welfare is maintained at a reasonably high standard no epidemic of this disease should ever occur.

*Deaths in Children under 2 years of age from Diarrhœa, 1921-'25.*

	1921	1922	1923	1924	1925
Number of Diarrhœa deaths in Children under 2 years	19	7	1	—	3

It will be remembered that the summer of 1921 was one of the driest and hottest experienced for very many years. Under the same circumstances twenty years ago probably 200 children would have died in Colchester from Epidemic Diarrhœa.

## ENQUIRIES AND ADVICE.

During 1925 the number of persons visiting the Medical Officer of Health's department was 1369, of these 502 were personally interviewed. The reasons for these visitors may be divided into:—

Public Heath.	Child Welfare.	Infectious Diseases		School	Tuberculosis.
		Hospital.	Medical Work.		
848	153	131	151	86	

These figures do not include persons coming to consult the Sanitary Inspector nor those who were only messengers bringing letters or fetching swabs, etc.

The opinion of the Medical Officer of Health upon doubtful cases of Infectious Disease was sought by General Practitioners for 37 patients. These were divided into 31 cases suspected of being Scarlet Fever, in 21 of these this diagnosis was confirmed. His opinion was sought in two cases of suspected Enteric Fever, one of which proved to be a case of this disease. He was also consulted in cases suspected to be suffering from Diphtheria, Chicken-pox, Cerebro-spinal Fever and Puerperal Fever. Only the cases of Puerperal Fever and Chicken-pox were confirmed. His opinion was sought about the latter as the rash was somewhat like that of Small-pox.

In the majority of these cases the General Practitioners in attendance had already formed the opinion finally reached, but for safety considered it advisable to seek that of the Medical Officer of Health.

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